

## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section. FOR RECORDS MANAGEMENT USE FOR AGENCY USE 1. Agency Address Application Date Application Number Department of Public Safety Driver Improvement Section 959 E. Confederate Avenue Date Received Application Number Date Completed Atlanta, Georgia 30371 MAR 2 3 1987 MAR - 5 1987 2. Person to Contact **Working Title** Telephone Number Captain R. D. Harper Supervisor, Administrative Services 656-6075 3. Action Requested a. 😡 Establish Retention Schedule; record will continue to accumulate. b. Dispose of present accumulation; no further accumulation anticipated. \_\_\_\_\_ Check One: 
Change; 
Supercede; 
Void c. Amend Application No. 5. Records Series Title (followed by title used in office; if different) 4. Dates of Series Earliest Present | Class Rosters for Driver Improvement Schools 1978 What is the function of the Division and the Office in which this record series is created? 6. Division and Office Function Under Ga. Code 40-5-80, the Driver Improvement Section is responsible for the administration and operation of State approved clinics. Administratively, its function is to provide the licensing of instructors and clinics under the rules and regulations of the Department. Additionally, this section provides the forms and curriculum to be used for this purpose. The operation of the clinics are inspected and monitored as for compliance to the policies established by the Department. This file contains the following documents (include form numbers and titles, if any): 7. Record Series Description Attach samples of the file. Documents relating to: completion of a Driver Improvement course Included are: "Alcohol Class Roster" listing class attendees, their certification number, date of birth, license number, and fee; and citing clinic number, instructor's number, date class started and ended, and signature of clinic owner or instructor. File is arranged: by clinic numbers assigned by DPS How often are records referred to which are: 8. Monthly Reference Rate One to six months old 15; Seven to twelve months old 10; Thirteen to twenty-four months old 2; twenty-five months and older \_\_\_\_? 9. Annual Rate of Accumulation of Records Letter-size drawers \_\_\_\_\_; Legal-size drawers \_\_\_\_\_; Shelves \_\_\_\_\_; Other (specify) \_ AR-50-71; Rev. 76

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YES NO	10. Questionnaire	(Place an in the prop	per column)	A	
х	a. Is this the office	ial copy of the series?	The state of the s	,	
х	b. Does the series	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.  State Privacy Act			
Х	c. Is this a vital re	cord?			
X		have historical or long term			
х	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these				
x	documents be	documents be scheduled separately?  f. Is the information contained in this series ever published? If yes, attach copy.			
х	g. Is the informat	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report?  If yes, attach copy.			
	1 × ×	h. Is there a duplication of this series in your office, or in another office or agency?			
<u> </u>		If yes, where? Individual clinics must maintain copies.			
X		<i>r a major portion of it)</i> regul d series result in a computer	larly microfilmed?		
11. Ret	ention Requirements	·	equires the series to be kept:	,	
	one on the dame of the second	The following re	equitor the series to be kept.	•	
a. S	State Law	years.	·	years.	
	· ·	years.		years.	
c. f	Federal law	years.	f. Federal retention instructions	years.	
Δ++	ach convior excert of la	aws or regulations. Explain a	administrative need	•	
	•				
To verify the attendance of students when original certificate of completion is lost.					
12. App	proved Disposition Insti	'	ommends that the file series be cut off at the end of each:		
	•	LXI Calendar Yea	ar; 🗆 Fiscal Year; 🗀 Other	then,	
-XX	Hold in the current file:	s area month(s) _	2 vear(s): then	· · · · ·	
		g area; holdye		•	
	Transfer to State Recor	ds Center; hold	_year(s); then		
	Destroy.				
		ves for permanent retention.	• ,		
] "	Other <i>(Specify)</i>				
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,		Apı	proved: HH Clark		
			Major H. H. Clark	<del></del>	
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l The	ese instructions apply to	o all prior and future accumu	ulations of the series		
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Agency	Head/Designee (Signa	ture) Date	Records Management Officer (Signature)	Date	
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Dus	swort Craip	199	/ I det Wilson City	7-4/40/8.1	
١_	4		State Records Committee (Signature)	Date	
	nendations in para-	Canas Assallas u/O	1171	21157	
	2 are approved. proved, attach letter	State Auditor/Designed	W. 10 Helle	3.11-8/	
of expla		Secretary of State/Design	nee 14 My rand Welder	3/9/87	
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	-	Attorney General/Design	(Refere Side)	3/20/57	
AD EA 7	1: Rev. 76		(Defense Side)	- 1/ -	